

# Death of a doctor - Ek Doctor Ki Maut—Time to boost the ailing and failing public health system in India

### ABSTRACT

Recently, Dr Deben Dutta who was volunteering at a tea estate in the Assam state of India was beaten to death by a strong mob of 250 persons. Earlier a junior doctor was grievously injured leaving a fracture in skull by a similar furious mob at NRS Medical College Kolkata, the capital city of West Bengal. Not long ago policemen were seen assaulting a doctor on duty in the CCTV in Bihar. A yet another video showed a politician slapping a senior professor. Such incidences are not uncommon in India these days where doctors have become punching bags for everyone. There are multiple dimensions to this issue, however, the main reason is overcrowding, often leading to inhuman situations but often overlooked. Doubling and tripling (more than one patient on one bed) of beds is a norm. Three patients on one bed is common visual at public hospitals. There is a demand of stringent punishment (12 years) for any citizen for attack on doctors. A new act cannot suspend fundamental rights guaranteed under the constitution of India. State has primary duty to protect the right to live with human dignity as fundamental rights of each citizen, both doctor/patients alike under article 21 of the constitution.

**Keywords:** Doctors Without Boarder, healthcare safety, MSF, violence against health workers, occupational hazard, protection of medical establishment act

### Death of Dr Deben Dutta

On 31<sup>st</sup> August 2019, a 73-year-old retired doctor (Dr. Deben Dutta), who was volunteering at a tea estate in the Assam state of India was beaten to death by a strong mob of 250 persons. Earlier a junior doctor was grievously injured leaving a fracture in skull by a similar furious mob at NRS Medical College Kolkata, the capital city of West Bengal. Not long ago police men were seen assaulting a doctor on duty in Bihar and caught on the CCTV camera. A yet another video showed a politician slapping a senior professor. Such incidences are not uncommon in India these days where doctors have become punching bags for everyone.

### Security Risk to Healthcare Professional: But Why?

Médecins Sans Frontières (MSF) or Doctors Without Borders received the 1999 Nobel Peace Prize in recognition of its members' continued efforts to provide medical care in acute crises, as well as raising international awareness of potential humanitarian disaster. MSF contribution has been applauded for providing medical relief during war and conflicts. There is risk to life for the healthcare professionals who provide care in such unstable environment. But what if doctors and other healthcare professionals feel threatened of being violated in a day-to-day life in an otherwise peaceful territory. It is indeed time to introspect. Violence against doctors and other healthcare workers is on rapid rise and is not acceptable at all.

### Reasons for Violence

There are multiple dimensions to this issue, however, one of the main reasons is overcrowding and insufficient care at public

healthcare institutions, often leading to inhuman situations but often overlooked. Doubling and tripling (more than one patient on one bed) of beds is a norm. Three patients on one bed is common visual at public hospitals. Five hundred emergencies in one night is an accepted workload. However, the staffing is done as per the number of beds. Two hundred patients in two hours of outpatient working hour is everyday business. Often not acknowledged but it is disaster situation all the time at large public sector hospitals. This is not just a police and security issue. This is a complete failure of public health system. This also just can not be trivialized to mistrust and deteriorating doctor patient relationship.

### Public Health Scenario

Unfortunately, as a country we have heavily invested in developing hospital/tertiary care both in private and public sector. And that also at the cost of good primary care which has capacity to absorb 90% of the morbidity. Even today the momentum and trajectory is in the favor of more and more hospitals and medical colleges. Today's situation is an outcome of long standing policy apathy; many times priorities drifting haywire due to vested interests and complex sets of conflict of interests. It is not limited to one state. Many may like to link it to one political personality or party. Similar situation/circumstances are prevailing in majority of states. The pattern is visible through past three-four decades. This is insane! Given population and mobility profile no government will be able to provide security even if they create airport like security at hospitals.

## Healthcare as Right for Public Vs Safety of Healthcare Workers

Health may not be a fundamental right in the constitution of India but if a citizen of India dies due to public health insufficiency (three patients on one bed), it is a violation of right to life under article 21 of the constitution of India. The right to life has wider meaning which includes the right to live with human dignity. Doctors and health workers also have right to live with dignity under the same article. Therefore, doctors and patients cannot be pitched against each other, while the political class remains mute spectator shrugging off responsibility. Right to life (patient/doctor) cannot be suspended for any citizen under any condition.

## Solution and Way Forward

The solution is simple, and it is to implement public health policies in public interest. Strengthening comprehensive primary care through investment in a permanent strong general health system instead of 36 vertical program. Strengthening pre-hospital care capable of addressing 90% of the medical/health related problems should be a top priority. A strong comprehensive primary healthcare system is the need of the hour. There is no structured referral system neither its need is being appreciated. It rather appears many times that a referral system has not been allowed to evolve. Policies which precipitate overcrowding at hospitals and tertiary care should be curbed. Demand of stringent punishment (12 years) for any citizen for attack on doctors is shortsighted and malicious, be it proposed by any one. Letting the public health system fail and punishing the citizen for an act of outrage through an act is not the interest of Indian society on a long term. Policy makers need to climb down from the ivory towers. There are sufficient sections in IPC—Indian Penal Code—to address it. One segment of society cannot be punished as protection of the other; especially when state has failed to provide the basic services. A new act cannot suspend fundamental rights guaranteed under the constitution of India. State has primary duty to protect the right to live with human dignity as fundamental rights of each citizen (doctor/patients alike) under article 21 of the constitution. Let the sanity prevail!

The recently launched Ayushman Bharat program is promising, however there is need to build permanent strong comprehensive general primary healthcare system capable of absorbing 90% of the medical morbidity though an NHS like act of parliament. The traditional approach of diseases based vertical program driven approach should be done away with. Healthcare should be declared a fundamental right and Ayushman Bharat should be given a permanent status through an act of parliament with a well defined authority and accountability.

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